Ť			•	Application or Docket Number									
	PATENT A		— — –	D		7	10	10 a	12				
		Effective	e Decemb			M_{\perp}	00	<u> </u>	(0)				
		SMA	LL EI	ALILIA.		OTHER	THAN						
(Column 1) (Column 2)								E	⊐ '	OR	SMALL	ENTITY	
FOR NUMBER FILED NUM					NUMBER		RAT	E	FEE]	RATE	FEE	
ВА	SIC FEE					4.36			345.00	OR	er eganis :	690.00	
TOTAL CLAIMS			44	minus	20-	- 84		X\$ 9=		OR	X\$18=	432	
INDEPENDENT CLAIMS			_5	minus	3= : 5	: 2		X39=		OR	X78=	156	
MULTIPLE DEPENDENT CLAIM PRESENT								+130=		OR	·+260=		
* If the difference in column 1 is less than zero, enter "0" in column 2								AL		OR	TOTAL	12/15	
l	C	SASA	MENDED					OTHER	THAN				
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMA	SMALL ENTITY			OR SMALL ENTITY		
4	÷.	a	AIMS AINING	• .	HIGHEST NUMBER	PRESENT			ADDI-	1		ADDI-	
	ب	AF	TER DMENT		PREVIOUSLY PAID FOR	EXTRA	RAT	E	TONAL FEE		RATE	TIONAL FEE	
MENDMENT	Total	• 4	य	Minus	-44		XS 9	-		OR	X\$18=		
AME	Independent	·	5	Minus	" 5		X39	=		OR	X78=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										OR	+260=		
								TAL		•	TOTAL		
								FEE L		JOR	ADOIT. FEE		
_			umn 1) Alas		(Column 2) HIGHEST	(Cotumn 3)		_		1		1081	
ENT B		AF	AINING TER IDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RAT		ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	.4	4.	Minus	44	-	X\$ 9	=		OR	X\$18=		
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٧	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+		OR			
							+130	=		OR	+260=		
	120e 8/24/05							TAL		OR	ADDIT, FEE	•	
(Column 1) (Column 2) (Column 3)										-			
ü		a	ALMS ALMING		HIGHEST NUMBER			" T /	ADDI-	1		ADDI-	
Ě		AF	TER		PREVIOUSLY	PRESENT EXTRA	RATE		IONAL		RATE	TIONAL	
ME	Total	1	DMENT	Minus	PAID FOR	 	-	-	FEE	ł	 -	FEE	
AMENDMENT C		• •	7	 	•44	-	X\$ 9			OR	X\$18=		
A	Independent		0	Minus	MENDENT CLAIM	-	X39	. [OR	X78=		
-	rino i PHESE	MIAIK	in up Mi	ULTIPLE VE	PENDENT CLAIM		.464	_		1	1260		
+130= +130= OR +260= +26												42	
" If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT FEE OR ADDIT FEE													
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "3." ADDIT. FEE													